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# Wisconsin Medicaid Companion Document to HIPAA Implementation Guide: NCPDP 5.1

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**Companion Document Audience**

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Purpose of Companion Documents**

The information contained in this companion document applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, although the companion document only refers to Wisconsin Medicaid.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin Medicaid-specific information that details the way to create HIPAA transactions for Wisconsin Medicaid and explains how Wisconsin Medicaid creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin Medicaid-specific information required to successfully exchange transactions electronically with Wisconsin Medicaid.

Wisconsin Medicaid will accept and process any HIPAA-compliant transaction. However, a compliant transaction that doesn't contain Wisconsin Medicaid-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a Wisconsin Medicaid recipient identification number will be processed by Wisconsin Medicaid, but will be denied payment.

Companion documents highlight the data elements significant for Wisconsin Medicaid. For transactions created by Wisconsin Medicaid, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin Medicaid processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

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## VERSION 5 REVISION LOG

Companion Document: NCPDP 5.1

Approved: 03/05/05

Modified by: DWR

<b>Field Number Revised</b>	<b>Page(s) Revised</b>	<b>Text Revised</b>
473-7E	13	Clarified instructions for proper use of this field when multiple groupings of repeatable fields 439-E4, 440-E5, 441-E6, or 474-8E are submitted.
439-E4	14	Added further clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing Pharmaceutical Care.
440-E5	15	Added further clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing Pharmaceutical Care.
441-E6	16	Added further clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing Pharmaceutical Care.
474-8E	17	Added further clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing Pharmaceutical Care.

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## VERSION 4 REVISION LOG

Companion Document: NCPDP 5.1

Approved: 09/15/04

Modified by: mjb

Field Number Revised	Page(s) Revised	Text Revised
473-7E	12	Added instructions for proper use of this field when multiple groupings of repeatable fields 439-E4, 440-E5, 441-E6, or 474-8E are submitted.
439-E4	13	Added clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing PC claims.
440-E5	14	Added clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing PC claims.
441-E6	15	Added clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing PC claims.
474-8E	15	Added clarification as to how and when to submit multiple sets of the repeatable DUR/PPS fields when overriding DUR alerts or billing PC claims.

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## VERSION 3 REVISION LOG

Companion Document: NCPDP 5.1

Approved: 04/24/04

Modified by: kmc

Field Number Revised	Page(s) Revised	Text Revised
442-E7	7	Clarification was added to the Quantity Dispensed field. The field will only be rejected if more than 8 <b>significant</b> digits are submitted; leading zeros will not cause a rejection.
429-DT	8	The Unit Dose Indicator has been changed from 'Required' to 'Required When'.
448-ED	15	Clarification was added to the Compound Ingredient Quantity field. The field will only be rejected if more than 8 <b>significant</b> digits are submitted; leading zeros will not cause a rejection.
530-FU	22	The Previous Date of Fill will be omitted, not zero filled, if the DUR alert set based on current claim data only.
531-FV	22	The Quantity of Previous Fill will be omitted, not zero filled, if the DUR alert set based on current claim data only. The returned field has also expanded in size from 6 bytes to 8 bytes.
112-AN	32	Wisconsin has added an accepted transmission, rejected transaction B2 response. Therefore, the value of 'R' has been added to the Transaction Response Status.
510-FA	32	Wisconsin has added an accepted transmission, rejected transaction B2 response. Therefore, the Reject Count field has been added to the Response Status Segment on an accepted B2 transmission response.
511-FB	32	Wisconsin has added an accepted transmission, rejected transaction B2 response. Therefore, the Reject Code field has been added to the Response Status Segment on an accepted B2 transmission response.

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546-4F	32	Wisconsin has added an accepted transmission, rejected transaction B2 response. Therefore, the Reject Field Occurrence Indicator has been added to the Response Status Segment on an accepted B2 transmission response.
546-4F	33	The Reject Field Occurrence Indicator has been added to the Response Status Segment on a rejected B2 transmission response.

## VERSION 2 REVISION LOG

Companion Document: NCPDP 5.1

Approved: 10/27/03

Modified by: kmc

Field Number Revised	Page(s) Revised	Text Revised
567-J6	20	The DUR/PPS Code Counter will contain the value of 1 – 5, not 1 – 9.
531-FV	21	The field will be returned in the following format: 999.999.
112-AN	30	Wisconsin will not return an accepted transmission, rejected transaction B2 response. Therefore, the value of 'R' (Rejected) was deleted.
510-FA	30	Wisconsin will not return an accepted transmission, rejected transaction B2 response. Therefore, the Reject Count field was deleted.
511-FB	30	Wisconsin will not return an accepted transmission, rejected transaction B2 response. Therefore, the Reject Code field was deleted.
503-F3	31	The authorization number will be returned on the rejected transmission, rejected transaction B2 response.

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B1 Billing Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number		M	Not used by Wisconsin Medicaid.
109-A9	Transaction Count	1 = 1 Occurrence 2 = 2 Occurrences 3 = 3 Occurrences 4 = 4 Occurrences	M	
202-B2	Service Provider ID Qualifier	05 = Medicaid	M	
201-B1	Service Provider ID		M	Enter the 8-digit Wisconsin Medicaid provider ID.  <i>Note:</i> Pad with spaces on the right.
401-D1	Date of Service		M	Enter the date the prescription was filled.
110-AK	Software Vendor/Certification ID		M	Enter the Medicaid assigned vendor code.  <i>Note:</i> For testing, use "TESTMOD0." Pad with spaces on the right.

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the patient's 10-digit Medicaid identification number.

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Patient Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01 = Patient	M	
310-CA	Patient First Name		R	Enter the patient's first name.
311-CB	Patient Last Name		R	Enter the patient's last name.
307-C7	Patient Location	0 = Not specified 1 = Home 4 = Extended care facility 7 = Skilled care facility 10 = Outpatient	R	

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Enter the 7-digit prescription number.
436-E1	Product/Service ID Qualifier	03 = National Drug Code (NDC)	M	
407-D7	Product/Service ID		M	Enter the 11-digit NDC identifying the drug dispensed.
442-E7	Quantity Dispensed		R	<i>Note:</i> The maximum length allowed is 8 significant bytes. If more than 8 significant bytes are submitted, the transaction will be rejected. Leading zeros will not cause a rejection.  Format: s9999999v999
403-D3	Fill Number	0 = Original dispensing 1 - 99 = Refill number	R	
405-D5	Days Supply		R	Enter the estimated number of days prescription will last.
406-D6	Compound Code	1 = Not a compound 2 = Compound	R	

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Field Number	Field Name	Value	M/R/RW	Comment
408-D8	Dispense As Written (DAW)/Product Selection Code	0 = No product selection indicated 1 = Substitution not allowed by prescriber 8 = Substitution allowed - generic drug not in marketplace	R	
414-DE	Date Prescription Written		R	Enter the date the prescription was written by the prescriber.
420-DK	Submission Clarification Code	0 = Not specified 2 = Other override 8 = Process compound for approved ingredients	RW	Enter "2" to indicate repackaging. Enter "8" on a compound claim to indicate acceptance of payment for only those ingredients covered.  <i>Note:</i> An "8" must be submitted on all compound claims.
308-C8	Other Coverage Code	0 = Not specified 1 = No other coverage identified 2 = Other coverage exists - payments collected 3 = Other coverage exists - this claim not covered 4 = Other coverage exists - payment not collected 5 = Managed care plan denial 6 = Other coverage denied - not a participating provider 7 = Other coverage exists - not in effect at time of service	R	
429-DT	Unit Dose Indicator	0 = Not specified 1 = Not unit dose 2 = Manufacturer unit dose 3 = Pharmacy unit dose	RW	Enter one of the accepted values when billing for unit dose.

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Field Number	Field Name	Value	M/R/RW	Comment
461-EU	Prior Authorization Type Code	1=Prior Authorization 4=Exemption from copay 8=Payer defined exemption (copay exemption + prior authorization number)	RW	Enter to indicate a prior authorization number or to indicate a copay exemption.  <i>Note:</i> When a "1" or "8" is entered, field 462-EV must be submitted. "4" and "8" will not exempt SeniorCare participants from copay requirements.
462-EV	Prior Authorization Number Submitted		RW	Enter the 7-digit prior authorization (PA) number if one has been obtained.  <i>Note:</i> When submitted, field 461-E4 must also be submitted.

Pricing Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11 = Pricing	M	
433-DX	Patient Paid Amount Submitted		RW	SeniorCare - Enter the amount of out-of-pocket expenses to be paid by the patient towards the prescription due to other coverage.  SeniorCare and Medicaid - Do not use this field to indicate expected copay.  <i>Note:</i> Negative dollar amounts will not be accepted.
426-DQ	Usual and Customary Charge		R	Enter the amount charged cash customers exclusive of sales tax and other amounts claimed.  <i>Note:</i> Negative dollar amounts will not be accepted.
430-DU	Gross Amount Due		R	Enter the total price claimed from all sources.

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Field Number	Field Name	Value	M/R/RW	Comment
				<i>Note:</i> Negative dollar amounts will not be accepted.

Prescriber Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03 = Prescriber	M	
466-EZ	Prescriber ID Qualifier	12 = Drug Enforcement Administration (DEA)	R	
411-DB	Prescriber ID		R	Enter the 9-digit DEA number of the prescriber.

Coordination of Benefits/Other Payments Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	5 = Coordination of Benefits/Other Payments	M	
337-4C	Coordination of Benefits/Other Payments Count	1 = 1 set of data follows	M	<p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> <li>• Other payer coverage type.</li> <li>• Other payer amount paid count. <ul style="list-style-type: none"> <li>• Other payer amount paid qualifier.</li> <li>• Other payer amount paid.</li> </ul> </li> </ul> <p><i>Note:</i> Only 1 set of COB fields will be accepted. If more than one occurrence is submitted, the transaction will be rejected.</p>
338-5C	Other Payer Coverage Type	99 = Composite	M	

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Field Number	Field Name	Value	M/R/RW	Comment
341-HB	Other Payer Amount Paid Count	1 = 1 set of data follows	RW	<p>Enter when fields 342-HC and 431-DV are submitted.</p> <p>Maximum of 1 occurrence supported. If more than 1 occurrence is sent, the transaction will be rejected.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> <li>• Other payer amount paid qualifier.</li> <li>• Other payer amount paid.</li> </ul>
342-HC	Other Payer Amount Paid Qualifier	08 = Sum of all reimbursement	RW	Enter when field 431-DV is submitted.
431-DV	Other Payer Amount Paid		RW	<p>Enter the sum of all reimbursement from all other payers</p> <p><i>Note:</i> Negative dollar amounts will not be accepted.</p>

DUR/PPS Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08 = DUR/PPS	M	
473-7E	DUR/PPS Code Counter	<p>1 = First occurrence of DUR fields</p> <p>2 = Second occurrence of DUR fields</p>	RW	<p>Enter when fields 439-E4, 440-E5, 441-E6, or 474-8E are submitted.</p> <p>Indicates the occurrence number for each set of the following repeatable fields:</p> <ul style="list-style-type: none"> <li>• Reason for service code (439-E4).</li> <li>• Professional service code (440-E5).</li> <li>• Result of service code (441-E6).</li> <li>• DUR/PPS level of effort (474-8E).</li> </ul> <p><i>Note:</i> Only the first two sets of</p>

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Field Number	Field Name	Value	M/R/RW	Comment
				DUR fields will be processed for non-compound submissions, and only the first set of DUR fields will be processed for reversals and compound submissions. Additional sets of DUR fields will be ignored if submitted.
439-E4	Reason for Service Code	AD = Additional drug needed AN = Prescription authentication AR = Adverse drug reaction AT = Additive toxicity CD = Chronic disease management CS = Patient complaint/symptom DA = Drug-allergy DC = Drug-disease (inferred) DD = Drug-drug interaction DF = Drug-food interaction DI = Drug incompatibility DL = Drug-lab conflict DM = Apparent drug misuse DS = Tobacco Use ER = Overuse EX = Excessive quantity HD = High dose IC = Iatrogenic Condition ID = Ingredient duplication LD = Low dose LK = Lock-in recipient LR = Underuse MC = Drug-disease (reported) MN = Insufficient duration MX = Excessive duration ND = New disease/diagnosis	RW	Enter when billing Pharmaceutical Care services or overriding DUR alerts. <i>Note:</i> Only the first two sets of DUR fields will be processed for non-compound submissions, and only the first set of DUR fields will be processed for reversals and compound submissions. Additional sets of DUR fields will be ignored if submitted. It is recommended that Pharmaceutical Care information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields. Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as Pharmaceutical Care. If the Level of Effort field is not present, the DUR fields will be treated as a DUR pre-override/override. If either of the sets of DUR fields do not meet Wisconsin Medicaid policy, they will not be used.

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Field Number	Field Name	Value	M/R/RW	Comment
		NN = Unnecessary drug NP = New patient processing NR = Lactation/nursing interaction NS = Insufficient quantity OH = Alcohol conflict PA = Drug-age PG = Drug-pregnancy PR = Prior Adverse Reaction PS = Product selection opportunity RE = Suspected environmental risk SC = Suboptimal compliance SE = Side effect SF = Suboptimal dosage form SR = Suboptimal regimen SX = Drug-gender TD = Therapeutic TN = Laboratory test needed		
440-E5	Professional Service Code	AS = Patient assessment CC = Coordination of care M0 = Prescriber consulted MR = Medication review P0 = Patient consulted PE = Patient education/instruction PH = Patient medication history R0 = Pharmacist consulted other source RT = Recommend laboratory test SW = Literature search/review TC = Payer/processor consulted	RW	Enter when billing Pharmaceutical Care services or overriding DUR alerts. <i>Note:</i> Only the first two sets of DUR fields will be processed for non-compound submissions, and only the first set of DUR fields will be processed for reversals and compound submissions. Additional sets of DUR fields will be ignored if submitted. It is recommended that Pharmaceutical Care information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR



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Field Number	Field Name	Value	M/R/RW	Comment
		TH = Therapeutic product interchange		fields. Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as Pharmaceutical Care. If the Level of Effort field is not present, the DUR fields will be treated as a DUR pre-override/override. If either of the sets of DUR fields do not meet Wisconsin Medicaid policy, they will not be used.
441-E6	Result of Service Code	1A = Filled as is, false positive 1C = Filled, with different dose 1D = Filled, with different directions 1E = Filled, with different drug 1F = Filled, with different quantity 1G = Filled, with prescriber approval 1K = Filled, with different dosage form 2A = Prescription not filled 2B = Not filled, directions clarified 3G = Drug therapy unchanged 3H = Follow-up/report 3K = Instructions understood 3M = Compliance aid provided	RW	Enter when billing Pharmaceutical Care services or overriding DUR alerts. <i>Note:</i> Only the first two sets of DUR fields will be processed for non-compound submissions, and only the first set of DUR fields will be processed for reversals and compound submissions. Additional sets of DUR fields will be ignored if submitted. It is recommended that Pharmaceutical Care information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields. Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as Pharmaceutical Care. If the Level of Effort field is not present, the DUR fields will be treated as a DUR pre-override/override. If either of the sets of DUR fields do not meet

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Field Number	Field Name	Value	M/R/RW	Comment
				Wisconsin Medicaid policy, they will not be used.
474-8E	DUR/PPS Level of Effort	11 = 0 - 5 minutes 12 = 6 - 15 minutes 13 = 16 - 30 minutes 14 = 31 - 60 minutes 15 = More than 60 minutes	RW	<p>Enter when billing Pharmaceutical Care services or when the compound segment is present.  <i>Note:</i> Only the first two sets of DUR fields will be processed for non-compound submissions, and only the first set of DUR fields will be processed for reversals and compound submissions. Additional sets of DUR fields will be ignored if submitted. It is recommended that Pharmaceutical Care information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields.</p> <p>Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as Pharmaceutical Care. If the Level of Effort field is not present, the DUR fields will be treated as a DUR pre-override/override. If either of the sets of DUR fields do not meet Wisconsin Medicaid policy, they will not be used.</p>

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Compound Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	10 = Compound	M	
450-EF	Compound Dosage Form Description Code		M	Not used by Wisconsin Medicaid.
451-EG	Compound Dispensing Unit Form Indicator		M	Not used by Wisconsin Medicaid.
452-EH	Compound Route of Administration		M	Not used by Wisconsin Medicaid.
447-EC	Compound Ingredient Component Count	1 - 25	M	Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> <li>Compound product ID qualifier (488-RE).</li> <li>Compound product ID (489-TE).</li> <li>Compound ingredient quantity (448-ED).</li> <li>Compound ingredient drug cost (449-EE).</li> </ul> <i>Note:</i> Up to 25 compound ingredients will be processed.
488-RE	Compound Product ID Qualifier	03 = National Drug Code (NDC)	M	
489-TE	Compound Product ID		M	Enter the 11-digit NDC identifying the compound ingredient.
448-ED	Compound Ingredient Quantity		M	<i>Note:</i> The maximum length allowed is 8 significant bytes. If more than 8 significant bytes are submitted, the transaction will be rejected. Leading zeros will not cause a rejection.  Format: s9999999v999
449-EE	Compound Ingredient Drug Cost		R	Enter the ingredient cost for the compound ingredient.

Clinical Segment

Field Number	Field Name	Value	M/R/RW	Comment
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Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13 = Clinical	M	
491-VE	Diagnosis Code Count	1 = 1 set of data follows	RW	<p>Enter when fields 492-WE and 424-DO are submitted.</p> <p>Indicates the number of repetitions that follow of the fields in this grouping:</p> <ul style="list-style-type: none"> <li>• Diagnosis code qualifier (492-WE).</li> <li>• Diagnosis code (424-DO).</li> </ul> <p><i>Note:</i> Only one set of diagnosis code fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.</p>
492-WE	Diagnosis Code Qualifier	01 = <i>International Classification of Diseases, Ninth Edition, Clinical Modification</i> (ICD-9-CM)	RW	<p>Enter when field 424-DO is submitted.</p> <p><i>Note:</i> Only one set of diagnosis code fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.</p>
424-DO	Diagnosis Code		RW	<p>Enter the ICD-9-CM diagnosis code when the billed drug requires a diagnosis or when billing for Pharmaceutical Care (PC) services.</p> <p><i>Note:</i> Only one set of diagnosis code fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.</p>

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## B1 Accepted Response

### Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

### Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response status	M	
112-AN	Transaction Response Status	D = Duplicate of paid P = Paid R = Rejected	M	
503-F3	Authorization Number		R	This field contains an authorization number on duplicate and rejected responses; Internal Control Number (ICN) on paid responses.
510-FA	Reject Count	1 - 10	RW	<i>Note:</i> This field will only display when field 112-AN =

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Field Number	Field Name	Value	M/R/RW	Comment
				"R."
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.  <i>Note:</i> This field will only display when field 112-AN = "R."
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected.  <i>Note:</i> This field will only display when the field in error is a repeating field and field 112-AN = "R."
526-FQ	Additional Message Information		R	See Attachment 1 for Paid or Duplicate of Paid Response. See Attachment 2 for Rejected Response.

Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

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Response Pricing Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23 = Response pricing	M	
505-F5	Patient Pay Amount		R	<p>This field contains the total amount to be collected from the patient for the prescription.</p> <p><i>Note:</i> Amount applied to periodic deductible (517-FH) + amount of copay/co-insurance (518-FI) ----- = patient pay amount (505-F5)</p>
506-F6	Ingredient Cost Paid		R	<p>This field contains the amount paid for the drug based on the total amount paid pricing formula.</p> <p><i>Note:</i> Included in the total amount paid (509-F9).</p>
507-F7	Dispensing Fee Paid		R	<p>This field contains the amount paid for the dispensing fee based on the total amount paid pricing formula.</p> <p><i>Note:</i> Included in the total amount paid (509-F9).</p>
557-AV	Tax Exempt Indicator	1 = Tax exempt	R	
566-J5	Other Payer Amount Recognized		R	<p>This field contains the amount recognized as being paid by another payer.</p> <p><i>Note:</i> Included in the total amount paid (509-F9).</p>
509-F9	Total Amount Paid		R	<p>This field contains the total amount to be paid by Wisconsin Medicaid for the prescription.</p>

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Field Number	Field Name	Value	M/R/RW	Comment
				<i>Note:</i> Ingredient cost paid (506-F6) + dispensing fee paid (507-F7) - patient pay amount (505-F5) - other payer amount recognized (566-J5) ----- = total amount paid (509-F9)
513-FD	Remaining Deductible Amount		R	This field contains the total amount the patient has yet to pay before satisfying his/her annual spenddown and/or deductible.
517-FH	Amount Applied to Periodic Deductible		R	This field contains the total amount applied to the patient's annual spenddown and/or deductible.  <i>Note:</i> Included in the patient pay amount (505-F5).
518-FI	Amount of Copay/Co-Insurance		R	This field contains the total amount of copay for which the patient is responsible.  <i>Note:</i> Included in the patient pay amount (505-F5).



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Response DUR/PPS Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24 = Response DUR/PPS	M	
567-J6	DUR/PPS Response Code Counter	1 - 5	RW	<p>This field indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> <li>Reason for service code (439-E4).</li> <li>Clinical significance code (528-FS).</li> <li>Other pharmacy indicator (529-FT).</li> <li>Previous date of fill (530-FU).</li> <li>Quantity of previous fill (531-FV).</li> <li>Database indicator (532-FW).</li> <li>Other prescriber indicator (533-FY).</li> <li>DUR free text message (544-FY).</li> </ul>
439-E4	Reason for Service Code	AT = Additive toxicity DC = Drug-disease (inferred) DD = Drug-drug interaction ER = Overuse LR = Underuse MC = Drug-disease (reported) PA = Drug-age PG = Drug-pregnancy TD = Therapeutic	RW	This field contains the DUR alert code when a DUR alert sets.
528-FS	Clinical Significance Code	1 = Major 2 = Moderate 3 = Minor	RW	This field contains additional DUR alert information.
529-FT	Other Pharmacy Indicator	1 = Your pharmacy 3 = Other pharmacy	RW	This field contains additional DUR alert information.

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Field Number	Field Name	Value	M/R/RW	Comment
530-FU	Previous Date of Fill		RW	This field contains additional DUR alert information.  <i>Note:</i> CCYYMMDD = This field contains the date of service from the claim causing the alert to set. If the alert is set based on data from the current claim only, the field will be omitted from the response.
531-FV	Quantity of Previous Fill		RW	This field contains additional DUR alert information.  <i>Note:</i> 99999v999 = This field contains the quantity from the claim causing the alert to set. If the alert is set based on data from the current claim only, the field will be omitted from the response.
532-FW	Database Indicator	1 = First Databank 4 = Processor developed	RW	This field contains additional DUR alert information.
533-FX	Other Prescriber Indicator	1 = Same prescriber 2 = Other prescriber	RW	This field contains additional DUR alert information.
544-FY	DUR Free Text Message		RW	This field contains additional DUR alert information.  <i>Note:</i> See Attachment 3 of this document for the messages that will appear in this field.

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## B1 Rejected Response

### Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID			This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

### Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response status	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		R	This field contains a generated authorization number
510-FA	Reject Count	1 - 10	R	
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.

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Field Number	Field Name	Value	M/R/RW	Comment
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected.  <i>Note:</i> This field will only display when the field in error is a repeating field.
526-FQ	Additional Message Information		R	See Attachment 2.

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B2 Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	Bin Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number		M	Not used by Wisconsin Medicaid.
109-A9	Transaction Count	1 = 1 Occurrence	M	<i>Note:</i> Only one reversal transaction will be accepted per transmission.
202-B2	Service Provider ID Qualifier	05 = Medicaid	M	
201-B1	Service Provider ID		M	Enter the 8-digit Wisconsin Medicaid provider ID.  <i>Note:</i> Pad with spaces on the right.
401-D1	Date of Service		M	Enter the date the prescription was filled.
110-AK	Software Vendor/Certification ID		M	Enter the Medicaid-assigned vendor code.  <i>Note:</i> For testing, use "TESTMOD0." Pad with spaces on the right.

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Enter the 7-digit prescription number.
436-E1	Product/Service ID		M	Not used by Wisconsin

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Field Number	Field Name	Value	M/R/RW	Comment
	Qualifier			Medicaid.
407-D7	Product/Service ID		M	Not used by Wisconsin Medicaid.

DUR/PPS Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08 = DUR/PPS	M	
473-7E	DUR/PPS Code Counter	1 = 1 set of data follows	RW	<p>Enter when fields 439-E4, 440-E5, and 441-E6 are submitted.</p> <p>This field indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> <li>Reason for service code (439-E4).</li> <li>Professional service code (440-E5).</li> <li>Result of service code (441-E6).</li> </ul> <p><i>Note:</i> Only the first set of DUR fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.</p>

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Field Number	Field Name	Value	M/R/RW	Comment
439-E4	Reason for Service Code	AD = Additional drug needed AN = Prescription authentication AR = Adverse drug reaction AT = Additive toxicity CD = Chronic disease management CS = Patient complaint/symptom DA = Drug-allergy DC = Drug-disease (inferred) DD = Drug-drug interaction DF = Drug-food interaction DI = Drug incompatibility DL = Drug-lab conflict DM = Apparent drug misuse DS = Tobacco use ER = Overuse EX = Excessive quantity HD = High dose IC = Iatrogenic Condition ID = Ingredient Duplication LD = Low dose LK = Lock-in recipient LR = Underuse MC = Drug-disease (reported) MN = Insufficient duration MX = Excessive duration ND = New disease/diagnosis NN = Unnecessary drug NP = New patient processing NR = Lactation/nursing interaction NS = Insufficient quantity	RW	<i>Note:</i> Only the first set of DUR fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.

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Field Number	Field Name	Value	M/R/RW	Comment
		OH = Alcohol Conflict PA = Drug-age PG = Drug-pregnancy PR = Prior adverse reaction PS = Product selection opportunity RE = Suspected environmental risk SC = Suboptimal compliance SE = Side effect SF = Suboptimal dose form SR = Suboptimal regimen SX = Drug-gender TD = Therapeutic TN = Laboratory test needed		
440-E5	Professional Service Code	AS = Patient assessment CC = Coordination of care M0 = Prescriber consulted MR = Medication review P0 = Patient consulted PE = Patient education/instruction PH = Patient medication history R0 = Pharmacist consulted from other source RT = Recommend laboratory test SW = Literature search/review TC = Payer/processor consulted TH = Therapeutic product interchange	RW	<i>Note:</i> Only the first set of DUR fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.



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Field Number	Field Name	Value	M/R/RW	Comment
441-E6	Result of Service Code	1A = Filled as is, false positive 1C = Filled, with different dose 1D = Filled, with different directions 1E = Filled, with different drug 1F = Filled, with different quantity 1G = Filled, with prescriber approval 1K = Filled, with different dosage form 2A = Prescription not filled 2B = Not filled, directions clarified 3G = Drug therapy unchanged 3H = Follow-up/report 3K = Instructions understood 3M = Compliance aid provided	RW	<i>Note:</i> Only the first set of DUR fields will be processed. If more than one occurrence is submitted, the remaining occurrence(s) will be ignored.

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## B2 Accepted Response

### Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID			This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

### Response Message Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20 = Response message	M	
504-F4	Message		R	See Attachment 4 of this document for a description of the message.

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Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response status	M	
112-AN	Transaction Response Status	A = Approved R = Rejected	M	
503-F3	Authorization Number		R	This field contains the Wisconsin Medicaid-generated authorization number.
510-FA	Reject Count	1 – 10	R	<i>Note:</i> This field will only display when field 112-AN = "R."
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.  <i>Note:</i> This field will only display when field 112-AN = "R."
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected.  <i>Note:</i> This field will only display when field 112-AN = "R" and when the field in error is a repeating field.

Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111	Segment Identification	22 = Response claim	M	
455	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

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## B2 Rejected Response

### Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

### Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		R	This field contains the Wisconsin Medicaid-generated authorization number.
510-FA	Reject Count	1-10	R	
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a

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Field Number	Field Name	Value	M/R/RW	Comment
				list of valid values.
546-4F	Reject Field Occurrence Indicator		RW	<p>This field contains the counter number or occurrence of the field that is being rejected.</p> <p><i>Note:</i> This field will only display when field 112-AN = "R" and when the field in error is a repeating field.</p>

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Attachment 1

Field 526 on a Paid or Duplicate of Paid Response When the AT DUR Alert Has  
Not Set

Position	Description	Comments
1 - 3	EOB #1	Will display the 1st Explanation of Benefit (EOB) number.
4	(Space)	Format as a constant space.
5 - 7	EOB #2	Will display the 2nd EOB number.
8	(Space)	Format as a constant space.
9 - 11	EOB #3	Will display the 3rd EOB number.
12	(Space)	Format as a constant space.
13 - 15	EOB #4	Will display the 4th EOB number.
16	(Space)	Format as a constant space.
17 - 19	EOB #5	Will display the 5th EOB number.
20	(Space)	Format as a constant space.
21 - 23	EOB #6	Will display the 6th EOB number.
24	(Space)	Format as a constant space.
25 - 26	RS	Format as a constant.
27 - 32	Remaining spenddown \$ amount	Will display the amount the participant has left to pay before his/her spenddown is satisfied. 9999v99. If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs.  <i>Note:</i> This field will only be populated on SeniorCare claims.
33	(Space)	Format as a constant space.
34 - 35	RD	Format as a constant.
36 - 40	Remaining deductible \$ amount	Will display the amount the participant has left to pay before his/her deductible is satisfied. 999v99.  <i>Note:</i> This field will only be populated on SeniorCare claims.
41 – 186	(Spaces)	Format as constant spaces.

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Field 526 on a Paid or Duplicate of Paid Response When the AT DUR Alert Has  
Set

Position	Description	Comments
1 - 3	EOB #1	Will display the 1st EOB number.
4	(Space)	Format as a constant space.
5 - 7	EOB #2	Will display the 2nd EOB number.
8	(Space)	Format as a constant space.
9 - 11	EOB #3	Will display the 3rd EOB number.
12	(Space)	Format as a constant space.
13 - 15	EOB #4	Will display the 4th EOB number.
16	(Space)	Format as a constant space.
17 - 19	EOB #5	Will display the 5th EOB number.
20	(Space)	Format as a constant space.
21 - 23	EOB #6	Will display the 6th EOB number.
24	(Space)	Format as a constant space.
25 - 26	RS	Format as a constant.
27 - 32	Remaining spenddown \$ amount	Will display the amount the participant has left to pay before his/her spenddown is satisfied. 9999v99. If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs.  <i>Note:</i> This field will only be populated on SeniorCare claims.
33	(Space)	Format as a constant space.
34 - 35	RD	Format as a constant.
36 - 40	Remaining deductible \$ amount	Will display the amount the participant has left to pay before his/her deductible is satisfied. 999v99.  <i>Note:</i> This field will only be populated on SeniorCare claims.
41	Space	Format as a constant space.
42 - 67	Drug label name 1	
68	(Asterisk)	Format as a constant asterisk.
69 - 94	Drug label name 2	
95	(Asterisk)	Format as a constant asterisk.
96 - 121	Drug label name 3	
122 - 186	Spaces	Format as constant spaces.

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Attachment 2

Field 526 on a Rejected Response When the Claim Denies for a DUR Alert

Position	Descriptions	Comments
1 - 3	EOB #1	Will display the 1st EOB number.
4	(Space)	Format as a constant space.
5 - 7	EOB #2	Will display the 2nd EOB number.
8	(Space)	Format as a constant space.
9 -11	EOB #3	Will display the 3rd EOB number
12	(Space)	Format as a constant space.
13 - 15	EOB #4	Will display the 4th EOB number.
16	(Space)	Format as a constant space.
17 - 19	EOB #5	Will display the 5th EOB number.
20	(Space)	Format as a constant space.
21 - 23	EOB #6	Will display the 6th EOB number.
24	(Space)	Format as a constant space.
25 - 50	Drug label name 1	
51	(Asterisk)	Format as a constant asterisk.
52 - 77	Drug label name 2	
78	(Asterisk)	Format as a constant asterisk.
79 - 104	Drug label name 3	
105	(Asterisk)	Format as a constant asterisk.
106 - 131	Drug label name 4	
132	(Asterisk)	Format as a constant asterisk.
133 - 158	Drug label name 5	
159	(Asterisk)	Format as a constant asterisk.
160 - 185	Drug label name 6	
186	(Asterisk)	Format as a constant asterisk.



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Field 526 on a Rejected Response When the Claim Does Not Deny for a DUR  
Alert

Position	Description	Comments
1 - 3	EOB #1	Will display the 1st EOB number.
4	(Space)	Format as a constant space.
5 - 7	EOB #2	Will display the 2nd EOB number.
8	(Space)	Format as a constant space.
9 -11	EOB #3	Will display the 3rd EOB number.
12	(Space)	Format as a constant space.
13 - 15	EOB #4	Will display the 4th EOB number.
16	(Space)	Format as a constant space.
17 - 19	EOB #5	Will display the 5th EOB number.
20	(Space)	Format as a constant space.
21 - 23	EOB #6	Will display the 6th EOB number.
24	(Space)	Format as a constant space.
25 - 32	<i>DUP ICN:</i>	Format as a constant.
33 - 47	ICN	Will display the duplicate ICN when EOB 100 is displayed in one of the six EOB fields.
48	(Space)	Format as a constant space.
49 - 56	Date	Will display the paid pate of the duplicate ICN. Format: CCYYMMDD
57	(Space)	Format as a constant space.
58 - 61	<i>MCP:</i>	Format as a constant.
62 - 63	MCP code	Will display the managed care program (MCP) code when EOB 287 is displayed in one of the six EOB fields.
64	(Space)	Format as a constant space.
65 - 74	MCP phone number	Will display the MCP telephone number when EOB 287 is displayed in one of the six EOB fields.
75	(Space)	Format as a constant space.
76 - 78	MCP provider specialty	Will display the MCP provider specialty when EOB 287 is displayed in one of the six EOB fields.
79	(Space)	Format as a constant space.
80 - 83	<i>TPL:</i>	Format as a constant.
84	(Space)	Format as a constant space.
85 - 87	TPL carrier code	Will display the third-party liability (TPL – also known as private insurance or other insurance) carrier code when EOB 278 is displayed in one of the six EOB fields.
88	(Space)	

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Position	Description	Comments
89	TPL relationship code	Will display the TPL relationship code when EOB 278 is displayed in one of the six EOB fields.
90	(Space)	
91 - 106	TPL policy number	Will display the TPL policy number when EOB 278 is displayed in one of the six EOB fields.
107	(Space)	
108 - 123	TPL group number	Will display the TPL group number when EOB 278 is displayed in one of the six EOB fields.
124	(Space)	
125 - 132	TPL policy start date	Will display the TPL policy start date when EOB 278 is displayed in one of the six EOB fields.
133	(Space)	
134 - 141	TPL policy end date	Will display the TPL policy end date when EOB 278 is displayed in one of the six EOB fields.
142	(Space)	
143 - 150	<i>LOCK-IN:</i>	Format as a constant.
151	(Space)	
152 - 159	Lock-in period start date	Will display the lock-in period start date when EOB 631 is displayed in one of the six EOB fields.
160	(Space)	
161 - 168	Lock-in period end date	Will display the lock-in period end date when EOB 631 is displayed in one of the six EOB fields.
169	(Space)	
170	Lock-in coverage type	Will display the lock-in coverage type (1 = pharmacy; 8 = hospice) when EOB 631 is displayed in one of the six EOB fields.
171- 186	(Spaces)	

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Attachment 3

Messages Displayed in Field 544

Conflict Code	Conflict Name	Message
AT	Additive toxicity	"(ICD-9-CM code from history claim indicating side effect)/(history drug name)."
DC	Drug-disease (inferred)	"(Disease description of contraindication)."
DD	Drug-drug interaction	"(Brand name of drug in history causing alert)."
ER	Overutilization	"XX days of Rx remaining."
LR	Underutilization	"Refill is XX days late."
MC	Drug-disease (reported)	"(Disease description of contraindication)."
PA	Drug-age	"Age warning/contraindication."
PG	Drug-pregnancy	"Pregnancy contraindication."
TD	Therapeutic duplication	"(Name of most recent history drug - trade or generic)."

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Attachment 4

Field 504 on a Reversal Response

Position	Description	Comments
1 - 3	EOB	Will display an EOB number.
4	(Space)	Format as a constant space.
5 - 10	<i>REV SD</i>	Format as a constant.
11	(Space)	Format as a constant space.
12 - 17	Reversed spenddown \$ amount	Will display the amount added back to the patient's spenddown. Format: 9999v99  <i>Note:</i> This field will only be populated for SeniorCare claims.
18	(Space)	Format as a constant space.
19 - 25	<i>REV DED</i>	Format as a constant.
26	(Space)	Format as a constant space.
27 - 31	Reversed deductible \$ amount	Will display the amount added back to the patient's deductible. Format: 999v99  <i>Note:</i> This field will only be populated for SeniorCare claims.
32	(Space)	Format as a constant space.
33 - 44	<i>REMAINING SD</i>	Format as a constant.
45	(Space)	Format as a constant space.
46 - 51	Remaining Spenddown \$ Amount	Will display the amount the participant has left to pay before his/her spenddown has been satisfied. Format: 9999v99 If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs.  <i>Note:</i> This field will only be populated on SeniorCare claims.
52	(Space)	Format as a constant space.
53 - 65	<i>REMAINING DED</i>	Format as a constant.
66	(Space)	Format as a constant space.

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Position	Description	Comments
67 - 71	Remaining deductible \$ amount	Will display the amount the participant has left to pay before his/her deductible has been satisfied. Format: 999v99  <i>Note:</i> This field will only be populated on SeniorCare claims.